

BLANKET PURCHASE ORDER

STATE OF MARYLAND

***** STATE OF MARYLAND *****

BPO NO: 001B9400225

PRINT DATE: 04/01/20

PAGE: 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:

ADVANCED FIRE PROTECTION SYSTEMS LLC
2340 MONUMENTAL AVENUE
STE H
BALTIMORE, MD 21227
(443)557-0321

REFER QUESTIONS TO:

SHARON VANZIE
(410)767-4024
SHARON.VANZIE1@MARYLAND.GOV

ITB: 001IT820825

EXPR DATE: 01/01/21
POST DATE: 01/09/19

DISCOUNT TERMS: . NET 30 DAY
CONTRACT AMOUNT: 323,964.00

TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

DEPARTMENT OF GENERAL SERVICES/FIRE SAFETY AND FIRE EXTINGUISHER
MAINTENANCE SERVICE

AGENCY FUNDING

AGENCY	PCA	FY19	FY20	FY21	FY22	A0BJ	AMOUNT
H00	33151	\$46,632	\$93,264	\$93,264	\$46,632	0812	\$279,792
H00	33151	\$4,908	\$9,816	\$9,816	\$4,908	0812	\$29,448
H00	33151	\$2,454	\$4,908	\$4,908	\$2,454	0812	\$14,724

VENDOR CONTACT: CINDY BERGMAN, 443-557-0321, CBERGMAN@AFPS1.COM

AGENCY CONTACT: ANDRA SHAW, 410-260-2928, ANDRA.SHAW1@MARYLAND.GOV

THIS CONTRACT IS AN SBR: SB12-29854

RETAIN IFB FOR FUTURE REFERENCE

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>	
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FIRE AND SAFETY SERVICES

THIS CONTRACT IS TO PROVIDE FIRE AND SAFETY SERVICES, FIRE EXTINGUISHER MAINTENANCE FOR ANNAPOLIS CAPITAL COMPLEX AND CROWNSVILLE COMMUNITY PLACE. THE TERM OF THE CONTRACT WILL BE FOR THREE (3) YEARS BEGINNING JANUARY 1, 2019 THROUGH DECEMBER 31, 2021 WITH TWO (2) ONE YEAR RENEWAL OPTIONS.

END OF ITEM LIST

THE BLANKET PURCHASE ORDER (BPO) ISSUED AS A RESULT OF THE INVITATION TO BID (ITB) AND ANY SUBSEQUENT AMENDMENTS, MODIFICATIONS OR OPTIONS ISSUED RELEVANT TO THE ITB OR BPO, SHALL COMPLY WITH ALL OF THE TERMS, CONDITIONS AND SPECIFICATIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART OF THE BPO.

IF THE STATE OF MARYLAND OR OTHER REGULATORY BODY REQUIRES A LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED, PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

LICENSE NUMBER

DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

MDOT'S MBE CERTIFICATION NUMBER

***** LAST PAGE *****

AUTHORIZED BY: _____ DATE: _____

BUYER AUTHORIZED DESIGNEE